


Approved, SCAO

Original - Court
1st copy - Defendant2nd copy - Plaintiff
3rd copy - Return

STATE OF MICHIGAN 20th JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	SUMMONS	CASE NO. 231589GCP
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Court address 25637 Michigan Ave, Dearborn Heights, MI 48125	Court telephone no. (313) 277-7480
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Plaintiff's name, address, and telephone no. JOSEPH ADAMS, JR. PERSONAL REPRESENTATIVE ON BEHALF OF BARBARA LEE HALE	Defendant's name, address, and telephone no. CHRYSLER/STELLANTIS FISHER FUNERAL HOME 1000 CHRYSLER DRIVE 24501 FIVE MILE RD. AUBURN HILLS, MI 48326 REDFORD, MI 48239
Plaintiff's attorney, bar no., address, and telephone no. JOSEPH ADAMS, JR. 8202 N. INKSTER RD. DEARBORN, HEIGHTS 48127 (313) 464-4003	UAW 8000 E. JEFFERSON DETROIT, MI 48214 (313) 926-5000 

Instructions: Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (MC 21). The summons section will be completed by the court clerk.

Domestic Relations Case

- ☐ There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.
- ☐ There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. I have separately filed a completed confidential case inventory (MC 21) listing those cases.
- ☐ It is unknown if there are pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

Civil Case

- ☒ This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035.
- ☐ MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).
- ☒ There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.
- ☐ A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has

been previously filed in ☐ this court, ☐ _____ Court, where

it was given case number _____ and assigned to Judge _____

The action ☐ remains ☐ is no longer pending.

Summons section completed by court clerk.

SUMMONS

RECEIVED

MAY 30 2023

NOTICE TO THE DEFENDANT: In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons and a copy of the complaint to **file a written answer with the court** and serve a copy on the other party **or take other lawful action with the court** (28 days if you were served by mail or you were served outside of Michigan).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
4. If you require accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

UAW Legal Dept.

Issue date	Expiration date*	Court clerk
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*This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

Approved, SCAO

Original - Court
1st copy - Defendant2nd copy - Plaintiff
3rd copy - Return

STATE OF MICHIGAN 20th JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	COMPLAINT Page 1 of 13 pages	CASE NO.
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Court address

25637 Michigan Ave, Dearborn Heights, MI 48125

Court telephone no.

(313) 277-7480

Plaintiff's name(s), address(es), and telephone no(s). JOSEPH ADAMS, JR. PERSONAL REPRESENTATIVE ON BEHALF OF BARBARA LEE HALE	Plaintiff's attorney, bar no., address, and telephone no. JOSEPH ADAMS, JR. 8202 N. INKSTER RD. DEARBORN, HEIGHTS 48127 (313) 464-4003
--	--

v

Defendant's name(s), address(es), and telephone no(s). CHRYSLER/STELLANTIS FISHER FUNERAL HOME 1000 CHRYSLER DRIVE 24501 FIVE MILE RD. AUBURN HILLS, MI 48326 REDFORD, MI 48239 UAW 8000 E. JEFFERSON DETROIT, MI 4821 (313) 926-5000
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1. I, Plaintiff, Joseph Adams, Jr. hereby brings this action against Defendants Chrysler-Stellantis, UAW and Fisher Funeral Home on behalf of Barbara Lee Hale whose now deceased. As her personal representative, I am bringing this matter to have access to all financial records, including Barbara Lee Hale's 401k Plan, complete Retirement Package, and Burial Package. I diligently attempted, in vain, to get information pertaining to these records held by these Defendants.

2. Plaintiff contacted Defendants by phone, mail, and email. Defendants indicated they were going to provide Plaintiff with certain records, but ultimately did not. Also, Plaintiff has requested the unredacted Award Letter from Fisher Funeral Home.

3. The records Defendants (Chrysler-Stellantis) provided were ambiguous, nameless and unresponsive to Plaintiff's request. See attached.

4. Plaintiff is hereby requesting that this Honorable Court compel Defendants to provide Plaintiff a copy of all financial personal records and files of Barbara Lee Hale, including her 401k, burial and benefit packages for which she worked and retired to earn for these Chrysler-Stellantis/UAW.

5. Plaintiff is also suing for seventy hundred dollars (\$7,500.00) punitive damages for Defendants failure to provide the requested records.

6. That this Court grant a formal hearing so Plaintiff may be heard, along with any other relief this Court deems just and proper.

Sincerely,

Joseph Adams, Jr.
 8202 N. Inkster Rd.
 Dearborn Heights, MI 48127
 (313) 464-4003

VERIFICATION

I, Joseph Adams, Jr. declare that the above statements are true, and correct, based on information and belief.

Date _____

Signature _____

STATE OF MICHIGAN
20TH JUDICIAL DISTRICT COURT
COUNTY OF WAYNE

JOSEPH ADAMS, JR. PERSONAL
REPRESENTATIVE ON BEHALF
OF BARBARA LEE HALE

Plaintiff,

Case No. _____

v.

CHRYSLER/STELLANTIS
1000 CHRYSLER DRIVE
AUBURN HILLS, MI 48326
(248) 576-5741

UAW
8000 E. JEFFERSON
DETROIT, MI 48214
(313) 926-5000

FISHER FUNERAL HOME
24501 FIVE MILE RD.
REDFORD, MI 48239

Defendant.

Joseph Adams, Jr., Pro se
8202 N. Inkster Rd.
Dearborn Heights, MI 48127
(313) 464-4003

PROOF OF SERVICE

I, Joseph Adams, Jr., hereby declare that I served a true and correct copy of the herein complaint on each of the defendants, by certified registered mail on this _____ day of May, 2023, at the above addresses accordingly.

Sincerely,

Joseph Adams, Jr.

Dated: _____

PC572d Kwashingto 3/23/2023 9:37 AM (i)
90

OSM CODE: LET

STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE	FILE NO. 2021-864778-DE Judge JUDY A. HARTSFIELD
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Estate of Barbara Lee Hale, Decedent

TO: Name, address, and telephone no.
Joseph Adams Jr
8202 Inkster Rd.
Dearborn Hts, MI 48127

You have been appointed and qualified as Personal Representative of the estate on

06/14/2021

Date

You are authorized to do and perform all acts authorized by law except as to the following:

Restrictions:

Real estate or ownership interests in a business entity excluded from your responsibilities in your acceptance of appointment.
Assets are not to be removed from state of Michigan without Probate Court order.
Real estate is not to be sold, purchased, mortgaged or otherwise alienated without prior Probate Court authority.

These letters expire: 8/9/2023

Date

06/14/2021

Date

Judy A. Hartsfield

Judge JUDY A. HARTSFIELD

Bar no. 34025

SEE NOTICE OF DUTIES ON SECOND PAGE

Attorney name (type or print)	Bar no.	Attorney name (type or print)	Bar no.
Address		Address	
City, state, zip	Telephone no.	City, state, zip	Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original and on this date, these letters are in full force and effect.

03/23/2023

Date

Deputy Probate Register

The Letters of Authority are valid only if issued with the official seal of the Wayne County Probate Court.

Do not write below this line - For court use only

County of Wayne, State of Michigan MCL 700.3303; MCL 700.3307, MCL 700.3414, MCL 700.3504, MCL 700.3601,; MCR 5.202, MCR 5.206, MCR 5.307, MCR 5.310

PC 572 (06/16) LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE

Joseph Adams Jr
8202 Inkster Rd.
Dearborn Hts, MI 48127

Apr 29 20, 12:51p

Park Forest

13132748818

p.3

Notarial Certificate
Jurat

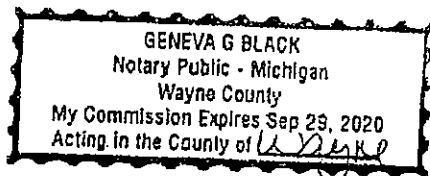
State of Michigan

County of Wayne

Subscribed and sworn to by Barbara Lee Hale before me on this
____ Day of September, 2017.
(Member name)

Geneva G Black
(Notary Signature)

Notary Stamp here:



Apr 29 20, 12:51p Park Forest

13132748818

p.4

Michigan Statutory Will of

BARBARA L HALE

(Print or type your full name)

Article 1. Declarations

This is my will and I revoke any prior wills and codicils. I live in

Wayne County

County, Michigan.

My spouse is

N/A

(Insert spouse's name or write "none")

My children now living are:

0

(Insert names or write "none")

Article 2. Disposition of My Assets

2.1 CASH GIFTS TO PERSONS OR CHARITIES. (Optional)

I can leave no more than two (2) cash gifts. I make the following cash gifts to the persons or charities in the amounts stated here. Any transfer tax due upon my death shall be paid from the balance of my estate and not from these gifts.

Full name and address of person or charity to receive cash gift

(Name only 1 person or charity here):

Joseph Adams J

(Insert name of person or charity)

(Insert address)

AMOUNT OF GIFT (In figures): \$

All gifts

AMOUNT OF GIFT (In words):

All gifts

Dollars

Barbara L Hale

(Your signature)

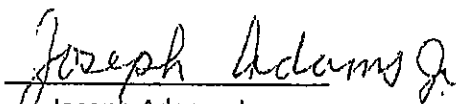
DATE: May 18, 2020

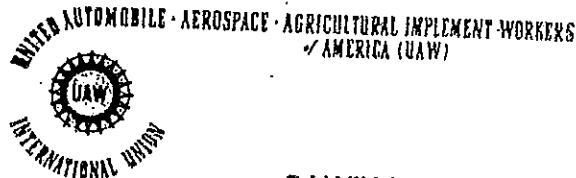
TO: American Spirit Federal Credit Union

FROM: Joseph Adams, Jr.

RE: Barbara Lee Hale

Barbara Lee Hale died April 4, 2020, as a result of the Coronavirus. As her beneficiary I have full authority to request that this credit union close her account effective May 19, 2020, and make all the funds and proceeds of her account payable to me, Joseph Adams Jr., at my P.O. Box 401245, Redford, MI 48240. Additionally, I am requesting a statement of all deductions and withdrawals from any and all of Barbara Lee Hales accounts, checking and savings.


Joseph Adams, Jr.
734-772-4720



CALVIN L. YOUNG
Union Benefits Representative

Local 1183 Retirees Hall
698 Old Baltimore Pike
Newark, DE 19702
(302) 738-9591

Chrysler Newark Assembly Office
(302) 453-5351
Pager: (302) 467-1501

01-13-2022 Death Benefits

To who is may concern, to Chrysler CEO/UAW President Curry

The nature of this letter is to have someone explain to me how retirees get no support. I received an ambiguous letter from Chrysler, didn't have no HR personnel, nobody to contact. My auntie Barbara Lee Hale, retired in 01, on a medical. She was too young to get her 401 k. Told me that she had it and she was leaving it to me. Family members were trying to steal it from me and I really believe that the company is trying to do something because I mailed a letter to Merrill Lynch twice, they never responded to the letter. So I asked channel 7 News reporter to investigate and find out why I can't get my Auntie's 401 k or why the union can't get me a copy of her retirement package so that I know the life insurance that she had paid me the right amount. The life insurance should be between \$ 20,000- \$ 27,00 . Fisher funeral home wouldn't give me a copy of the award letter. Is something crooked with this all the way around? With all of the people in the UAW be getting charged with something? The UAW should make an effort to be above board? You would think. I'm just going by what's in the newspaper and what's in the news. Retirees should have someone to make sure the benefits are carried out. Something is wrong here.

Joseph Adams Jr./ Representative Nephew



August 20, 2021

Joseph Adams
8202 N. Inkster Rd
Dearborn Heights, MI 48127

Mr. Adams:

We are in receipt of your letter dated June 21st relative to Barbara Hale.

This is in response to the Life Insurance questions (below) only.

"What I am exactly asking for is her life insurance. How much she has at retirement and what is the lowest amount it will drop to and any other financial benefits of information that I will be entitled to."

Upon Ms. Hale's death, MetLife paid the benefit to the beneficiary of record listed at the time of her death with a portion of that paid directly to the funeral home.

If you have further questions on the Life Insurance or need the specific information, call MetLife Group Life Claims at 800-638-6420, prompt 2 and refer to claim# 22004004254.

FCA Health Care Review Committee

Monday 21st, June

FCA US LLC

1000 Chrysler Dr

Auburn Hills, MI 48326

To whom this may concern:

I am writing on behalf of Barbara Lee Hale, requesting her necessary information about her 401K/trust. I am the one that is entitled to it. I have the letter of authority; I like for Chrysler to provide all the documentation necessary to secure it. I also would like for Chrysler to get me a copy of all the paperwork that my aunt signed at retirement. What I am exactly asking for is her life insurance. How much she has at retirement and what is the lowest amount it will drop to and any other financial benefits of information that I will be entitled to. She retired from the Delaware location, which is since been closed. The union will not provide me with no information but being that I have the authority through the court. I am requesting this through Chrysler. Also, Merrill Lynch did not offer me any information.

Yours truly

Joseph Adams JR, Nephew of the late Barbara Lee Hale

8202 N Inkster RD

Dearborn heights, MI 48127

01/11/2022

CHRYSLER PENSION/HOLK

To Who it may Concern

I would like you to investigate this matter they do not want to give me the right amount of insurance my auntie died 4/4/2020 she was a chrysler employee MET LIFE was the insurance carrier, they gave me \$16,000, my auntie should have had \$20,000 to \$27,000. They have been playing with the HOLK, I think is with the UAW and Merrill Lynch, they told me that she took out in 2001 and my name wasnt on it.

The real problem is family members stole the paper work trying to steal the HOLK so im writing you as a reporter and investigator hoping you will make a call about the HOLK and the Life Insurance. It dropped down to a certain point and a cap meaning this is low as it goes.

Thank you for your help, I have been trying everything that I know to get Chrysler to send me all of my auntie employment records on her benefits I got the paper work from the court and she didnt have kids all her siblings are dead and she willed everything to me.

You have my full permission to investigate this.

Thank you and best regards
Joseph Adams
8202 Inkster Road
Dearborne Heights MI 48127

STATE OF MICHIGAN

CERTIFICATION OF VITAL RECORD

COUNTY OF WAYNE

LF 2607

CF


 STATE OF MICHIGAN
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CERTIFICATE OF DEATH

 STATE FILE NUMBER
 232420

DECEDENT

INFORMANT

DISPOSITION

CERTIFICATION

CAUSE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) Barbara Lee Hale		2. DATE OF BIRTH September 24, 1945		3. SEX Female		4. DATE OF DEATH April 04, 2020	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS				6a. AGE- Last Birthday (Years) 74		6b. UNDER 1 YEAR MONTHS DAYS	
6c. UNDER 1 DAY HOURS MINUTES							
7a. LOCATION OF DEATH Ascension St. John Hospital		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Detroit		7c. COUNTY OF DEATH Wayne			
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Wayne		8c. LOCALITY Detroit		8d. STREET AND NUMBER 5908 Belvidere Street	
8e. ZIP CODE 48213		9. BIRTH PLACE Detroit, Michigan		10. SOCIAL SECURITY NUMBER 364-50-3182		11. DECEDENT'S EDUCATION High school graduate	
12. RACE Black		13a. ANCESTRY African-American		13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? No	
15. USUAL OCCUPATION Laborer		16. KIND OF BUSINESS OR INDUSTRY Automotive		17. MARITAL STATUS Divorced		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married)	
19. FATHER'S NAME (First, Middle, Last) Robert Plumer		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Magnolia Hale					
21a. INFORMANT'S NAME Joseph Adams		21b. RELATIONSHIP TO DECEDENT Nephew		21c. MAILING ADDRESS 23774 west Warren, Dearborn Heights, Michigan 48213			
22. METHOD OF DISPOSITION Burial		23a. PLACE OF DISPOSITION Lincoln Memorial Park Cemetery		23b. LOCATION City or Village, State Clinton Twp, Michigan			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Michael J. Fisher		25. LICENSE NUMBER 4501006375		26. NAME AND ADDRESS OF FUNERAL FACILITY Fisher Funeral Home & Cremation Services, Inc., 24501 Five Mile Road, Redford, Michigan 48239			
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the condition and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and on investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Keith Bellovich, DO Signature and		28a. ACTUAL OR PRESUMED TIME OF DEATH 02:45 AM		28b. PRONOUNCED DEAD ON April 04, 2020		28c. TIME PRONOUNCED DEAD 02:45 AM	
29. MEDICAL EXAMINER CONTACTED No		30. PLACE OF DEATH Hospital		31. IF HOSPITAL Inpatient			
27b. DATE SIGNED April 21, 2020		27c. LICENSE NUMBER 5101010613		32. MEDICAL EXAMINER'S CASE NUMBER		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Keith Bellovich, DO, 22201 Moross Road, suite 450, Detroit, Michigan 48236							
35a. REGISTRAR'S SIGNATURE <i>Patricia M. Smith</i>				35b. DATE FILED April 22, 2020			
36. PART I. ENTER the cause of events, diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events, such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. Enter only one cause on line. If diabetes was an underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section as: IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequitally but IF ANY, leading to the listed on line a. Enter it. UNDERLYING CAUSE (The one or more that initiated the events, continuing LAST a. Viral Pneumonia Due to COVID -19 b. DUE TO OR AS A CONSEQUENCE OF c. DUE TO OR AS A CONSEQUENCE OF d. DUE TO OR AS A CONSEQUENCE OF Approximate Interval Between Onset and Death days							
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I							38. IF FEMALE <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year
39. MANNER OF DEATH		40a. WAS AN AUTOPSY PERFORMED?		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			

Benefit Express

DaimlerChrysler Corporation

Retirement Plan



Chrysler-UAW

Pension Election Form

000126

BARBARA L. HALE

P.O. BOX 9863

WILMINGTON DE 19809

Statement Date 05-16-2001

Soc. Sec. Num. [REDACTED]

The following monthly payment options describe benefits payable starting on August 1, 2001.

In addition to initialing the payment option you select, you MUST sign the signature line at the end of this form for your elections to become effective.

Please select one of the payment options below.

Initial here BLH to elect the Lifetime Annuity Without Surviving Spouse Option.

Plan	08-01-2001	11-01-2007
Chrysler-UAW		
Basic Pension Benefit	\$908.44	\$997.69
Temporary Benefit	\$859.56	\$0.00
Total Chrysler-UAW Benefit	\$1,768.00	\$997.69

Your Signature

Your signature below certifies that you received the Pension Application, this Pension Election Form, the Payment Option Descriptions, the Calculation Statement, and that you are electing to begin benefits now, in the option you initialed, and if applicable, with the beneficiary shown above. This election can be changed up to the last business day before your pension start date and cancels any prior election made under the plan.

Barbara L. Hale
Signature of Applicant

6-29-2001
Date

Calvin L. Henry
Union Plant Retirement Committee Member

1183
Union Local No.

6-29-01
Date

Karen Williams
DaimlerChrysler Corporation Plant Retirement Representative

6-29-01
Date

020390041500000134777

Stellantis names former GM executive Tobin Williams to HR leadership



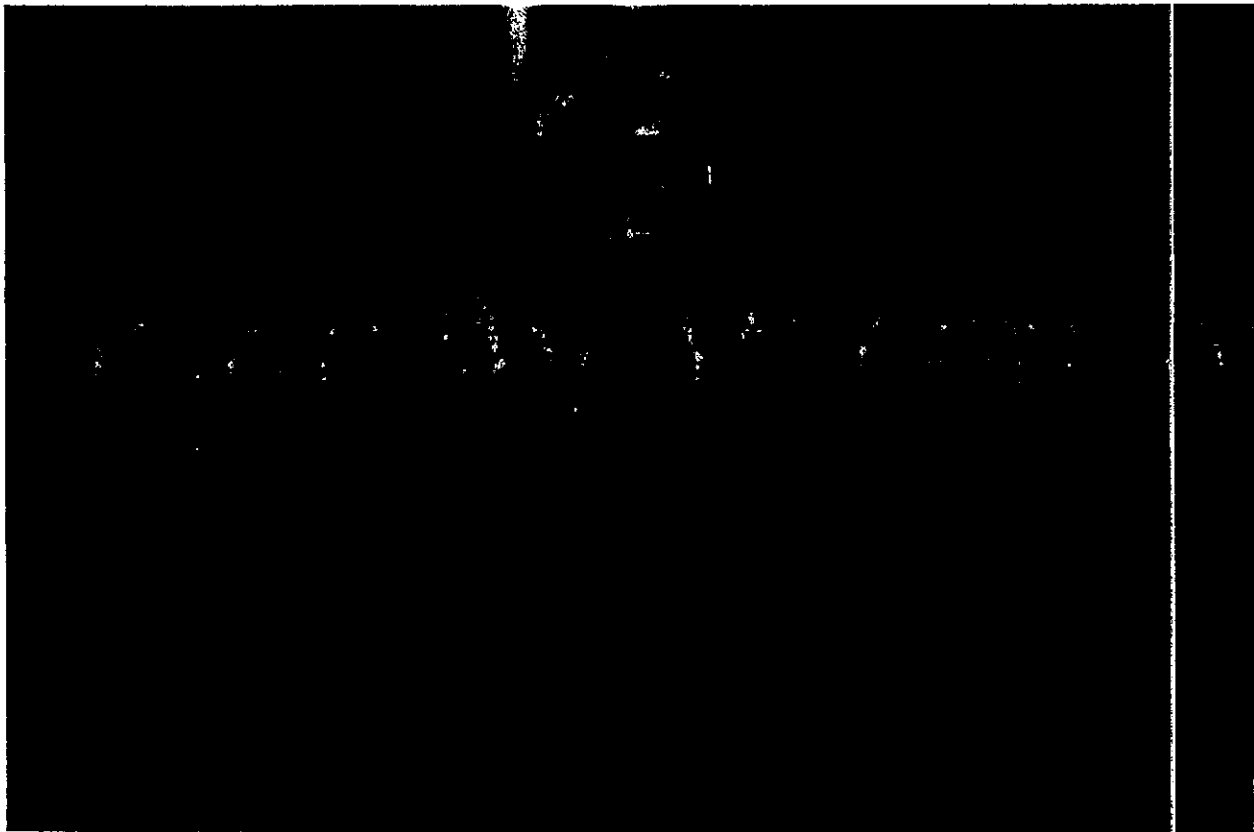
Breana Noble

The Detroit News

[View Comments](#)

Jeep maker Stellantis NV has named a former General Motors Co. executive as its senior vice president for human resources in North America.

Tobin Williams is responsible for leading a regional team focused on human resources strategy, talent and leadership development. His appointment comes at a critical time for the automaker as it battles in the competitive labor market for workers in its plants and grows its software team to create connected vehicles of the future.





April 25, 2020

Personal and Confidential

THE ESTATE OF BARBARA HALE
11419 SAINT PATRICK ST
DETROIT, MI 48205

Re: BARBARA HALE – Pension Benefits Payable from FCA US LLC

To Whom It May Concern,

We extend our sincere condolences for the death of BARBARA HALE, who passed away on April 4, 2020.

At the time of BARBARA HALE's benefit commencement he/she elected the Lifetime Annuity without Survivor Spouse Option form of payment. According to this form of payment, there are no further pension benefits to be paid.

The final monthly payment(s) due to be paid to BARBARA HALE were dated on or near his/her date of death. The Trustee will attempt to reclaim any payments made after the date of death by retrieving any amounts from the account into which they were direct deposited or by stopping payment on any uncashed checks. If the reclaim of overpayment is not successful, you will be contacted regarding payment arrangements.

If you have not already done so, please submit a copy of the death certificate to us at the address below:

Benefit Connect Service Center
DEPT: FCA
PO BOX 981910
EL PASO, TX 79998

If you have any questions about this information, please call the Benefit Connect Service Center at 1-888-409-3300.

Sincerely,

Benefit Connect Service Center

FORM 16B
Courts of Justice Act
AFFIDAVIT OF SERVICE

I, **Joseph Adams, Jr.**, of Dearborn Heights, Michigan, in the County of Wayne, State of Michigan, United States, MAKE OATH AND SAY (*or AFFIRM*):

1. On January 31, 2023, at 1:00pm, I served,

The Crown Law Office –
Civil McMurtry-Scott Building,
8th Floor, 720 Bay Street,
Toronto, Ontario, M7A 2S9

Constitutional Law Branch
McMurtry-Scott Building
4th Floor – 720 Bay Street
Toronto, Ontario M7A 2S9

by mailing a copy of Plaintiff's Joseph Adam's Reply To Defendant's Statement of Defence, by United States Postal Service, registered mail, at the above addresses by Registered Certified Mail.

Sworn or Affirmed before me: in person

Complete if affidavit is being sworn or affirmed in person:

at the city of *Livonia*, *County of Wayne*, *State of Michigan*, on *January 31, 2023*.

Signature Deponent

Signature of Commissioner/Notary Public